FORM E **DECISION ON DISCIPLINARY HEARING**

DECISION DATE:			DATE OF HEARING:
EMPLOYEE:			OFFICE/DEPT.
H/ HI	AVIN EAR		IE TESTIMONY AND EVIDENCE GIVEN AT THE ES, AND FOR THE REASONS SET OUT IN THE N THAT YOU ARE:
[]	DISMISSED EFFECTIVE	
[]	DEMOTED FROM YOUR POSITION O POSITION OF	FTO THE EFFECTIVE
[] SUSPENDED WITHOUT PAY FOR A PERIOD OF		
[] REDUCED IN PAY BY THE SUM OF \$ PER PAY PERIODS CONSISTENT WITH THE REDUCTION IN PAY PROVISIONS OF THE PERSONNEL RULES.		
[]	CHARGES DROPPED.	
		THIS IS THE FINA	AL DECISION OF:
		(Print name of office)	(Signature of Agency Head)
		<u>CONFID</u> Unauthorized disclosure pro	

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